

Individualized Education Program

OIODEIII.					□м	□ F
	Last (legal)	Fi	rst (no nicknames)	M.I.		
Birthdate:	/ /	Grade:	Teacher/Ser	vice Provider:		
Resident District:			Building:			
Attending District	::		Building:			
Attending Area E	ducation Agency	:	Attending Bu	uilding Phone:		
	Las			5		
☐ Parent☐ Foster Parent	Name:			Home Phone: _		
Guardian	Address:			Work/Cell Ph: _		
☐ Surrogate☐ Student				E-mail:		
☐ Parent	Name:			Home Phone:		
Foster Parent				✓ VCell Ph:		
☐ Guardian ☐ Surrogate				1		
Student						
Duration of this II	EP: From	/ / to _	/ /	Reevaluation is due		1
Procedural safeg	uards were revie	wed by:		Method:		
Rights will transfe	er at age 18:	/ / No	tification: Student	//Pai	ent:/_	1
_	-					
	Persons P	_		tionship to Student	2	0: 1
					\neg / \frown	Studen
			arent			
		LEA Rep/Des			<u> </u>	
		Sp Ed	l Tchr			
		cates presence at the me				



Individualized Education Program

DATE:/		TYPE: ∟	Initial \square	Review L	I Reevaluation ☐ Ame	ndment L	☐ Interim
STUDENT:	Last (legal)		First (no r	nicknames)	M.I.	□м	□F
					e Provider:		
Resident District:			Bui	ding:			
Attending District:			Bui	ding:			
Attending Area Ed	lucation Agency:		A	ttending Build	ling Phone:		
Parent	Name:				Home Phone:		
Foster Parent	Address:				Work/Cell Ph:		
☐ Guardian ☐ Surrogate ☐ Student					E-mail:		
Parent	Name:				Home Phone:		
Foster Parent	Address:				Work/Cell Ph:		
☐ Guardian ☐ Surrogate					E-mail:		
Student							
Duration of this IE	P: From	/ /	to/	/	Reevaluation is due:	/	1
Procedural safegu	ards were reviev	wed by:			Method:		
Rights will transfer	r at age 18:	/ /	_ Notificati	on: Student _	/ / Pare	nt:/	/
	P	arental agre	ement to am	end without	a meeting:		
Person who conta	cted parent:				-		
Method of contact	:						
Date of agreemen	t· / /						

Name:	Date:	/ / / Page or
Present Levels of Academic Achieve Strengths, interests and preferences of the strengths and preferences of the strengths are strengths.	ement and Functional Performance	
Parents' concerns regarding their child's	s education	
The IEP team must consider the following	ng when developing this IEP.	
Behavior (in the behavior imped that of others, or entire the use of positive behavioral interventions, supports and other strateries, to address that behavior) Yes, behavior is a concern and will	 Communication and language, especially if the student is deaf or hard of hearing. Yes, communication and language are a concern and will be addressed in this IEP. 	Health Needs (intervention, procedures, or services required in order to access education) Yes, health is a concern and will be addressed in this IEP. Yes, health is a concern and will be
be addressed in this IEP. Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan. No, behavior is not a concern.	 Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing. No, communication and language are not a concern. 	addressed in the health plan as a part of the student's health records, located in the nurse's office. No, health is not a concern.
Limited English proficiency (Consider the language needs related to the IEP)	Braille instruction needs if this student has a visual impairment	Assistive technology (services, software and devices needed to access the general education curriculum)
 Yes, limited English is a concern and will be addressed in this IEP. No, limited English is not a concern 	Yes, Braille is needed and will be addressed in this IEP.No, Braille is not needed.	 Yes, assistive technology is needed and will be addressed in this IEP. No, assistive tech. is not needed.
This student is <u>NIMAS eligible</u> : ☐ Yes Other information essential for the devel		
	sability on involvement and progress in the skills. For a preschool child, describe the eff	

Copies: School, AEA, Parent(s)

Present Levels of Academic Achievement and Functional Performance

Name:	Date:	<u>/ / </u>									
Strengths, interests and preferences of	Strengths, interests and preferences of this individual										
Parents' concerns regarding their child's education											
The IEP team must consider the following	ng when developing this IEP.										
Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions, supports and other strategies, to address that behavior) Yes, behavior is a concern and will be addressed in this IEP. Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan. No, behavior is not a concern.	Communication and language, especially if the student is deaf or hard of hearing. Yes, communication and language are a concern and will be addressed in this IEP. Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing. No, communication and language are not a concern.	Health Needs (intervention, procedures, or services required in order to access education) ☐ Yes, health is a concern and will be addressed in this IEP. ☐ Yes, health is a concern and will be addressed in the health plan as a part of the student's health records, located in the nurse's office. ☐ No, health is not a concern.									
Limited English proficiency (Consider the language needs related to the IEP) Yes, limited English is a concern and will be addressed in this IEP. No, limited English is not a concern	Braille instruction needs if this student has a visual impairment Yes, Braille is needed and will be addressed in this IEP. No, Braille is not needed.	Assistive technology (services, software and devices needed to access the general education curriculum) Yes, assistive technology is needed and will be addressed in this IEP. No, assistive tech. is not needed.									
This student is <u>NIMAS eligible</u> : ☐ Yes	□ No										
Transition assessments and other information	mation essential for the development of th	is IEP (address living, learning & working):									
Living: Information sources:											
Living: Results:											
Learning: Information sources:											
Learning: Results:											
Working: Information sources:											
Working: Results:											

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Name:	Da	ate:	/ /		Page _	of
Other information	on essential for the development of this IEP					
Describe the effetunctional implication	fect of this individual's disability on involvement and p ications of the student's skills.	rogress ii	n the gene	ral educat	ion curricul	um and the
	ransition assessments, describe the post secondary ex	•	_			ng.
☐ Yes ☐ No	Is living an area of need that will be addressed with goals	, services	or activities	s in this IEF	P?	
Post-secondary	y expectation for learning:					
☐ Yes ☐ No	Is learning an area of need that will be addressed with go	als, servic	es or activi	ties in this	IEP?	
Post-secondary	y expectation for working:					
☐ Yes ☐ No	Is working an area of need that will be addressed with go	als, servic	es or activi	ties in this	IEP?	
Course of study What requiremen	y. nts does this student need to meet to graduate?					
What is this stude	dent's current status with regard to these requirements?:					
	on date (mo/yr):/ tivities needed to pursue the post secondary expectations a	nd gradua	ate by the ta	arget gradu	ation date.	

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Name:					_ D	ate:		/ /	Pa	age		ot _	
		5											
Goal #:													
State of Iowa Core	Content	Standar	d and Grade Le	vel Be	enchm	nark(s)	upor	n which this g	oal is	base	ed:		
District Standard a	nd Grad	e Level I	Benchmark(s) u	pon w	hich t	his go	al is	based:					<u> </u>
Current Academic Acad	chieveme this goal; p	nt and Fu erformance	nctional Performa in comparison to ge	ance (F neral ed	Results of lucation	of the init peers ar	ial or n	nost recent evalua dards).	tion and	result	s on d	istrict-	-wide
Baseline (Describe indimonitoring procedures).	vidual's cur	rent perfori	mance in measurable	e terms (using th	e same r	neasur	rement as measura	able anr	nual go	al and	l progr	ress
Measurable Annual C (acceptable level of perfo apply to this goal) ☐ livi	rmance). F	or students	14 years and older,										hat
Progress Monitoring the decision making rule Position(s) responsil	that will be	used in cor	nsidering instructiona	l change	es)			ured, how often pr		will be	meası	ured, a	and
			See a	ttach	ed gr	aph							
Major Milestones or (Required for students as		_	-			Comn	nents	/Progress Note	s/Dates	s Ach	ieved	I	
Goal #			Pr	ogres	s Repo	rt							
3 = Progress has been	made towai made towai cient to me	ds the goal et this goal	I. It appears that the I but the goal may no by the time the IEP i this reporting period	t be met s review	t by the ved. Ins	time the	IEP is al strate	reviewed. egies will be chanç	ged.				
/1	2 3	4 5		1	2 :	3 4	5		. 1	2	3	4	5
/1	2 3	4 5	//	1	2 :	3 4	5	/	. 1	2	3	4	5
/1	2 3	4 5	/	1	2 ;	3 4	5	/	. 1	2	3	4	5

Goal page Copies: School, AEA, Parent(s) July 1, 2008

Spe	cia	I Education Services				
that v	will b ral c curri	he special education and relat e provided in order for this ind urriculum; 3) to be educated a cular and other nonacademic	ividual: 1) to nd participate	advance appropriately to with other individuals v	toward attaining the an 2) to be with disabilities and non-company individual e the course of study and post igh school	earch to the extent practicable, involved and progress in the ls. 4) to participate in all outcomes (livin 7
Υ	N	Accommodations	Y N	Linkages/interagency		mentary aids a
	N	Assistive technology	Y N	Program modification		s for school personnel
	N	Community experiences	Y N	Specially designed in		or related services
Υ	N	Development of work and oth	er post-high	school living objectives	(Braille,	ized Accessible Formats large print, audio, digital text)
	De	scribe each service, activity	and support	indicated above:	Provider(s)& when the service, activity or support will occur	Minutes in Setting
					Beginning Date:	General education
					Provider(s):	Special education
		8			Flovider(s).	Community
		0			Time & frequency/wh	per
		\			9	DayWeekMonth
		//			Beginning Date:	General education
						Special education
					Provider(s):	
					Time 8 for average had an arrayidad.	Community per
					Time & frequency/when provided:	Day Week Month
					Beginning Date:	General education
					Provider(s): 10	Special education
					Provider(s):	Community
					Time & frequency/ynen provided:	per
						DayWeekMonth
					Beginning Date:	General education
					Provider(s):	Special education
					1 Tovider(s).	Community
					Time & frequency/when provided:	per
						DayWeekMonth
					Beginning Date:	General education
					Provider(s):	Special education Community
					Time & frequency/when provided:	per
					Time & requeriey, when provided.	Day Week Month
					Beginning Date:	General education
					Provider(s):	Special education
					1.1341461(0).	Community
					Time & frequency/when provided:	per
						DayWeekMonth
					Total minutes per month removed fro	I m general education:
						Time in GE % = 100%

Date: _____ / ___ Page ____ of ____

Name:

Special Education Services

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

Υ	N	Accommodations	Υ	Ν	Linkages/interagency responsibilities	Υ	N	Supplementary aids and services
Υ	N	Assistive technology	Υ	N	Program modifications	Υ	N	Supports for school personnel
Υ	N	Community experiences	Υ	N	Specially designed instruction	Υ	N	Support or related services
Υ	N	Development of work and other post-high school living objectives						

Describe each s	ervice, activity and support indicated above:	Provider(s)& when the service, activity or support will occur	Minutes in Setting
		Beginning Date:	Reg EC Program
		Provider(s):	Special education
		Time & frequency/when provided:	Service Location:
		Beginning Date:	Reg EC Program
		Provider(s):	Special education
		Time & frequency/when provided:	Service Location:
		Beginning Date:	Reg EC Program
		Provider(s):	Special education
		Time & frequency/when provided:	Service Location:
		Beginning Date:	Reg EC Program
		Provider(s):	Special education
		Time & frequency/when provided:	Service Location:
		Beginning Date:	Reg EC Program
		Provider(s):	Special education
		Time & frequency/when provided:	Service Location:
		Beginning Date:	Reg EC Program
		Provider(s):	Special education
		Time & frequency/when provided:	Service Location:
		Total minutes removed from general e	education per month:
lin. in Program Month:	EC Code:	LRE: Removal from GE % plus Tim	e in GE % = 100%

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Special Education Services, continued	
Yes No Are extended school year (ESY) services required? If yes, specify the goals that require ESY	
services and describe the services	
Yes No Are specialized transportation services required that are related to the disability? If yes, describe. Special route (outside normal attendance area or transportation not typically provided based on distance from school) Attendant services Specially equipped vehicle Other Physical Eduction: General Modified — describe below Specially designed — requires goal(s	
ndicate how this indiv	
Without accommodations	
☐ With accommodations	
Describe accommodations necessary to measure academic achievement and functional performance	_
Through the state alternate assessment. Why can't the individual participate in the general assessment?	<u> </u>
Why is this alternate assessment appropriate for this student?	<u> </u>
☐ District-wide assessment is not given at this grade level. ☐ The student is incarcerated in an adult correctional facility. Additional Considerations	_
Address the following questions.	
Yes No Will this individual receive all special education services in general education environments? f no, explain:	
	—
Yes No Will this individual attend the school he or she would attend if nondisabled?	
	_
Yes No Will this individual attend a special school? If yes, attach responses to the special school questions.	
Progress reports	
Parents: You will be informed of your child's IEP progress times per year. You will receive: An IEP report with report cards and progress reports Updated copies of the IEP goal pages	
F Copies: School and AEA July 1, 2006	i